

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHAT020001 US

As a below named inventor, I have	ereby declare that:				
My residence, post office addre	ess and citizenship are as stat	ed next to my name.			
plural names are listed below) of	of the subject matter which is conal parameter list man	name is listed below) or an original, fi claimed and for which a patent is sou agement for an audio and/or	ight on the invention		
is attached hereto.					
was filed as United States a	pplication				
Serial No ————					
on					
and was amended					
on	.,.,				
	al application				
Number PCT/IB02/054:					
On 16 December 2					
and was amended under PCT	Article 19				
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to discle Title 37, Code of Federal Regul		rial to the examination of this applica	tion in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	02000028.7	6 January 2002	YES		

PTO/SB/80 (12-03)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I her	eby appoint:					
X	Practitioners associated with the Customer Number:	(24737)				
4	OR I					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name		Registratio	n Number		
l						
						
}						
*						
as attor	ney(s) or agent(s) to represent the undersigned before	the United States Patent a	nd Trademark C	Office (USPTO) in connection with		
cally call	d all patent applications assigned only to the undersigned to this form in accordance with 37 CFR 3.73(b).	ed according to the USPTC	assignment red	cords or assignment documents		
Assini	nee Name and Address:					
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3	621 BA Eindhoven, The Netherlan	nds				
A cop	y of this form, together with a statement u	under 37 CFR 3.73(b)	(Form PTO	/SB/96 or equivalent) is		
may b	ed to be filed in each application in which e completed by one of the practitioners a) this form is used. The control of	The stateme	nt under 37 CFR 3.73(b)		
may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of						
Attorr	ley isto be filed.					
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Name Matthieu van Kaam						
Signatur			Date	Amilla End		
Title	Authorized Representative		Telephone	/+/wi/kg/2004 (914)333-9600		
This colle	ction of information is required by 37 (54, 1.31 and 1.33. The i	information is required to obtain	n or retain a handi			

This collection of information is required by 37 (LFR 1.31 and 1.33). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) PHAT020001 US (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30.245 **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF INVENTOR** GRAE Daniel COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY 201 Austria <u>ATX</u> CITIZENSHIP Switzerland **Vienna** STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** Austria Laudongasse 34/3/7 A-1080 Vienna SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME **FULL NAME OF INVENTOR** DE LA FUENTE Ramon STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY 202 CITIZENSHIP California 95014 CA The Netherlands Cupertino STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** California 95014 20380 Stevens Creek Cupertino Blvd FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME **FULL NAME OF** INVENTOR MEIRSMAN Daniel STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY 203 CITIZENSHIP California CA Belgium Sunnyvale STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE **ADDRESS** California 96084 Sunnyvale 742 San Rafael St. SECOND GIVEN NAME FIRST GIVEN NAME **FAMILY NAME FULL NAME OF** INVENTOR **Dominique MATTEINI** Jean-Marc STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY 204 CITIZENSHIP France **Saratoga** California CA STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE **ADDRESS** 18696 Aspesi Drive Saratoga California 95070 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF** INVENTOR **VAN HAM** Arian_ STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** 205 CITIZENSHIP California CA San Jose The Netherlands STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS **ADDRESS** California 95123 418 Arabian Street San Jose I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 Legign J. 2003
DATE 1 Jan 4, 2003	DATE X	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	

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